


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000041513 1. Entity Name DAN MC CULLERS, INC.	
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Principal Place of Business 12087 62 ST N UNIT #5 LARGO, FL 33773	Mailing Address 876 BAY POINT DE MADEIRA BEACH, FL 33708 US
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

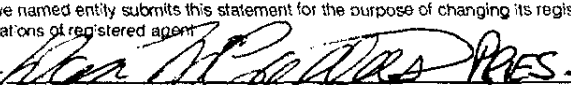
4. FEI Number 59-3183164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MC CULLERS, DANIEL
876 BAYPOINT DR
MADEIRZ BEACH, FL 33708**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  PRES.
Signature of officer or director or registered agent (if applicable) (NOTE: Registered Agent signature required when re-instating) DATE: _____

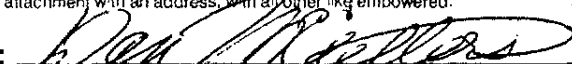
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	10/09/06-2011/06 01/10/06-01/14/06 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P MC CULLERS, DANIEL 876 BAY POINT DRIVE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY ST ZIP	VP FARRELL, STEVE 10930 EARHART DR NEW PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY ST ZIP	TS MCCULLERS, CONNIE 876 BAY POINT DR. MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY ST ZIP	T MCCULLERS, TIMOTHY 4323 37TH ST NORTH ST PETE, FL 33714
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-4-06 707-538-0808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year